

# Minnesota Board of Nursing

Winter

2017

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## President's Message: Deb Haagenson, RN



My second term as a Minnesota Board of Nursing member will end in 2017. The Nurse Practice Act governs nursing practice in Minnesota and calls for the establishment of a 16 member Board,

appointed by the Governor. The Board consists of 8 Registered Nurse members, 4 Licensed Practical Nurse members and 4 public members. Board Members, together with the Board of Nursing Executive Director and Board Staff, are responsible for the regulation of nursing education, licensure and practice to protect the public's health and safety.

The best boards function as constructive thought partners with members that think independently and govern collectively. The best boards encourage inquiry, robust discourse and discussion. The best boards are mission-driven, reflect the values of the organization they serve and are committed to supporting continuous improvement of that organization. The best boards are intentional, engage in strategic-thinking and continuous learning.

The Minnesota Board of Nursing is among the best of the best. Minnesota is blessed to have engaged and dedicated Members and Staff at the Board of Nursing. I have had the opportunity to work and serve with many groups during my

nursing career. My experiences with the Minnesota Board of Nursing have been among the most energizing and fulfilling.

As my term with the Board will be ending, so is my presidency. In December the Board elected a new President, Michelle (Shelley) Harker. Shelley is a public Board Member. She is a former educator and registrar. Shelley has regulatory leadership experience having served this past year in the officer position of Secretary for the Board. She has been an active and engaged member representing the Board at numerous regional and national meetings and conferences. Shelley's commitment to support nursing regulation extends to the national level where she serves on the National Council of State Boards of Nursing Bylaws Committee. I offer my congratulations to Shelley on her election to President and wish her much success in leading the Board.

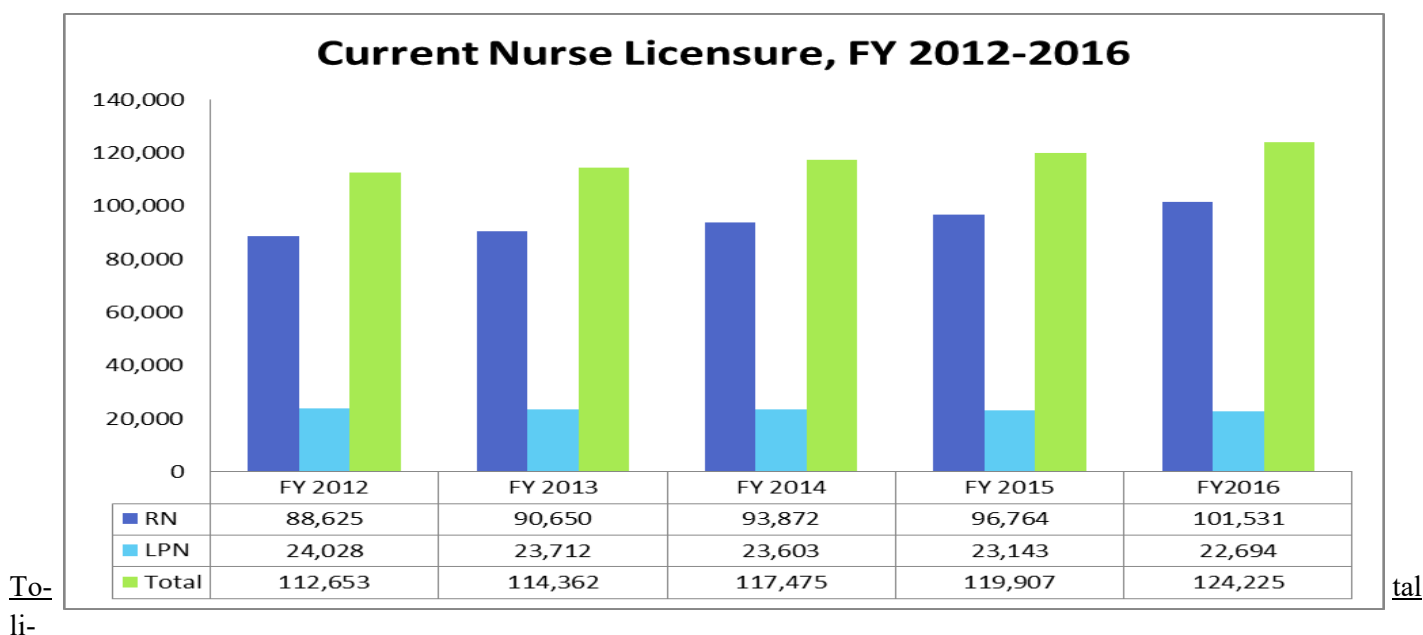
As I wind down my service to the Minnesota Board of Nursing, I want to extend a sincere "thank you" to the Board Members, Board Staff and Executive Director Shirley Brekken for their extraordinary efforts and their incredible support. It has been a tremendous privilege and honor to serve as the President and as a member of the Minnesota Board of Nursing.

## Annual Licensure Report: Fiscal Year 2016

Minnesota Statutes sections 148.171 – 148.285 provides the Board of Nursing with authority to regulate nursing practice for the purpose of public protection. Within this authority, the Board's mission is to protect the public's health and safety through regulation of nursing education, licensure and practice. The Board of Nursing licenses nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively. The Board authorizes individuals to practice as:

- Registered Nurses (RN);
- Licensed Practical Nurses (LPN);
- Advanced Practice Registered Nurses (APRN); and
- Public Health Nurses (PHN).

**Total nurses:** On June 30, 2016 the total number of current nurses with licenses was 124,225. The gender of nurses remains essentially unchanged at 91.77% female.

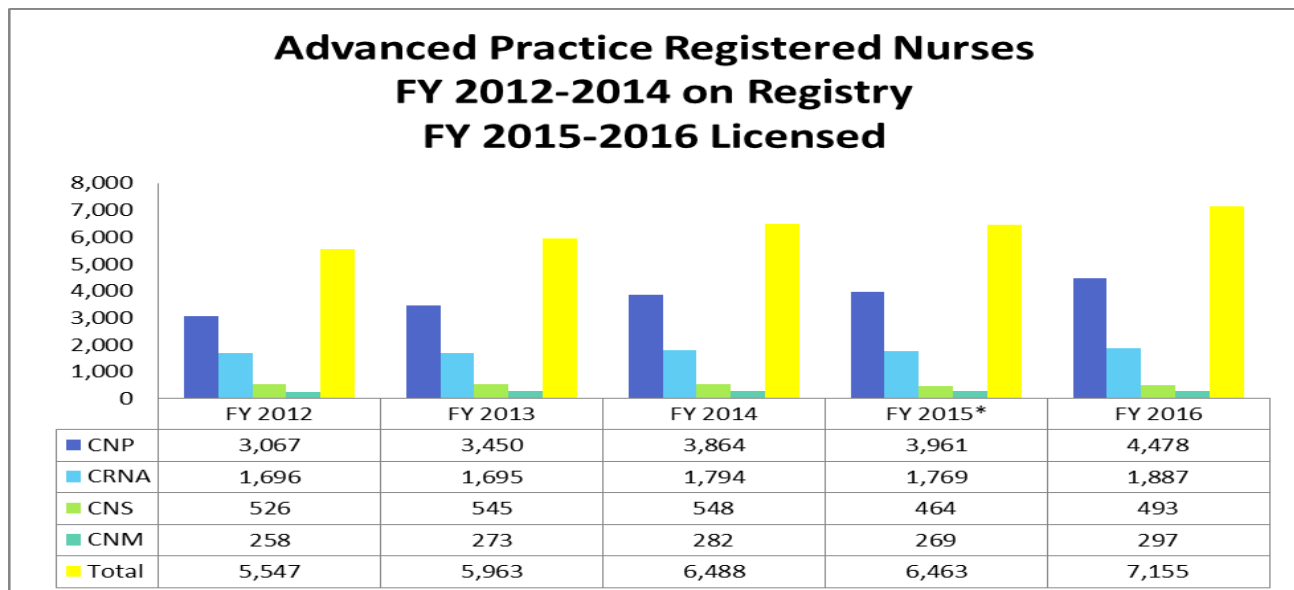


**licensure by examination applications:** As of June 30, 2016 the total number of licensure by examination applications processed was 5,698. Most licensure by examination and re-examination applications processed by the Board are graduates of Minnesota nursing programs. In FY2016 75% RN examination and re-examination applicants and 93% LPN examination and re-examination applicants graduated from Minnesota programs.

**Total licensure by endorsement applications:** As of June 30, 2016 the total number of licensure by endorsement applications processed was 6,295.

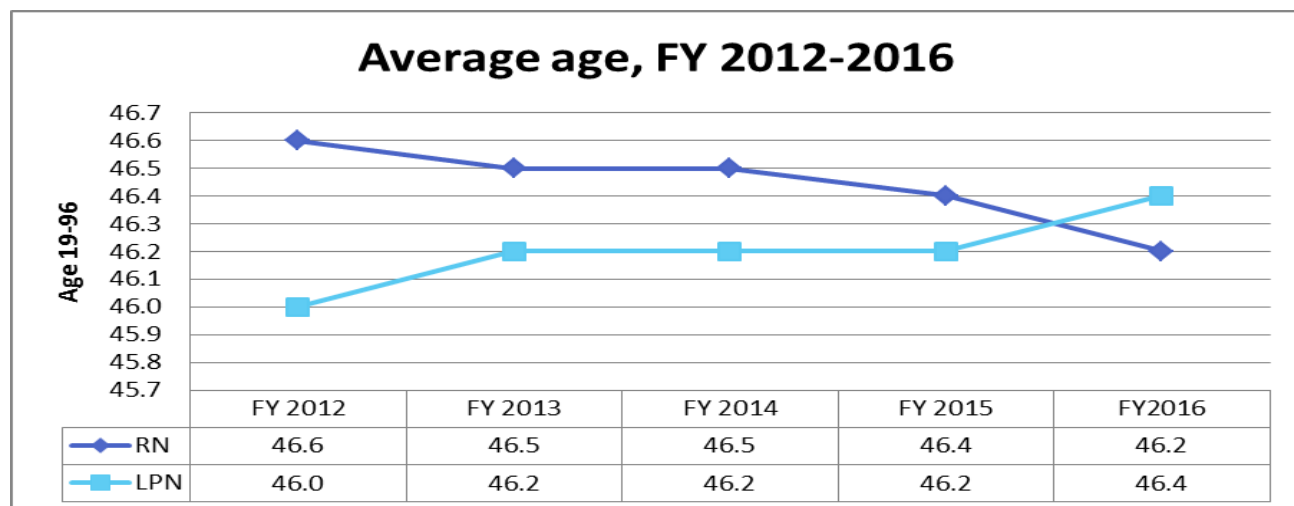
**Advanced Practice Registered Nurse Initial Licensure:** Effective January 1, 2015 all Advanced Practice Registered Nurses (APRNs) are required to hold a license as an APRN to practice advanced practice nursing in Minnesota. Previously the Board was required to maintain a registry of all registered nurses with a current Minnesota license who were certified as an advanced practice registered nurse. The registry is no longer in effect as of December 31, 2015. (cont. on page 2)

(Cont. from page 2)



Age of Nurses: The average age of all RNs with current registration is 46.2 years old. The median age of RNs with current registration is 46. The youngest RN with current registration is 19 years old., and the oldest RN with current registration is 92 years old.

The average age of all LPNs with current registration is 46.4 years old. The median age of LPNs with current registration is 47. The youngest LPN with current registration is 18 years old., and the oldest LPN with current registration is 85 years old..



Licen-  
Ser-  
vices sure

The Board offers round-the-clock licensure services: initial licensure, renewal, change of address, public health registration, reregistration and payment of penalty fees can all be done online at the Board's website. The Board's licensure staff receives approximately 80,000 calls per year, 50,000 emails per year, and 1,200 walk-ins per year. Staff process all licensure applications and support licensure activities with the Board's custom software, which was deployed in 1997 and will be replaced in FY 2017.

## New Program Approval Rules Now in Effect

On December 13, 2016, revisions of Minnesota Rules 6301 Program Approval went into effect. The changes in rule were initiated in response to Minnesota Statute 148.171 Subd. 3., passed by the legislature in spring 2014, authorizing the Board of Nursing to approve nursing programs preparing registered nurses for practice as advanced practice registered nurses (APRN). The statute identifies four APRN roles (Nurse Practitioner, Nurse Midwife, Nurse Anesthetist, and Clinical Nurse Specialist), and incorporated elements that shape the education required to be licensed as an APRN in Minnesota. As this represented a new form of pre-licensure nursing program, significant revision of the program approval rule was required.

The Education Committee accessed key resources to inform decision-making related to development of new rule language, including the National Council of State Board of Nursing (NCSBN) Model Rules, a document that provides a framework developed by all U. S. boards of nursing regarding the regulatory program approval in relation to safety of the public. The NCSBN framework for program approval rules stipulates nursing programs meet education standards, nursing practice standards, and legal scope of practice standards that encompass the science of nursing and education. Additional information was garnered from published articles focusing on the success of APRN program graduates on credentialing examinations, and from the standards of all four nursing and nursing-related accrediting bodies that grant accreditation to advanced practice nursing programs. Focus groups comprised of Minnesota APRNs also provided thoughtful comments used to inform the new requirements for these programs.

Coincidentally, the results of a multi-year, multi-site research study focusing on the use of simulation in pre-licensure practical and professional nursing programs was published in the summer of 2014. This ground breaking study, funded by the National Council of State Boards of Nursing (NCSBN), provided evidence that high quality simulation experiences could replace a portion of direct clinical learning experiences in nursing education programs while maintaining learning outcomes comparable to those achieved using traditional clinical experiences. Use of simulation allows students to practice skills and make decisions regarding patient care in a situation in which the end result of a decision can be safely determined. This provides the student immediate feedback regarding the impact of nursing interventions on a patient, allowing the student to learn what was beneficial and what did not contribute to positive outcomes for the patient in a setting that is safe. At the same time, use of simulation provides consistent and standardized experiences in an equitable manner to allow each student to develop needed competencies. Because simulation has demonstrated its effectiveness as a learning method, the requirement to use simulation as a learning method was previously incorporated into program approval rule. However, programs were not previously permitted to replace any clinical learning hours with simulation.

Using published literature, published standards regarding development, implementation, and evaluation of simulation to shape the rule language, the use of high-fidelity simulation may now be used to meet the requirements that students have clinical learning experiences with patients across the lifespan and health continuum provided that identified criteria regarding faculty development and structure of the learning experience are met. As with the changes reflecting advanced practice nursing, valuable feedback was provided by faculty from practical and professional pre-licensure nursing programs throughout this process.

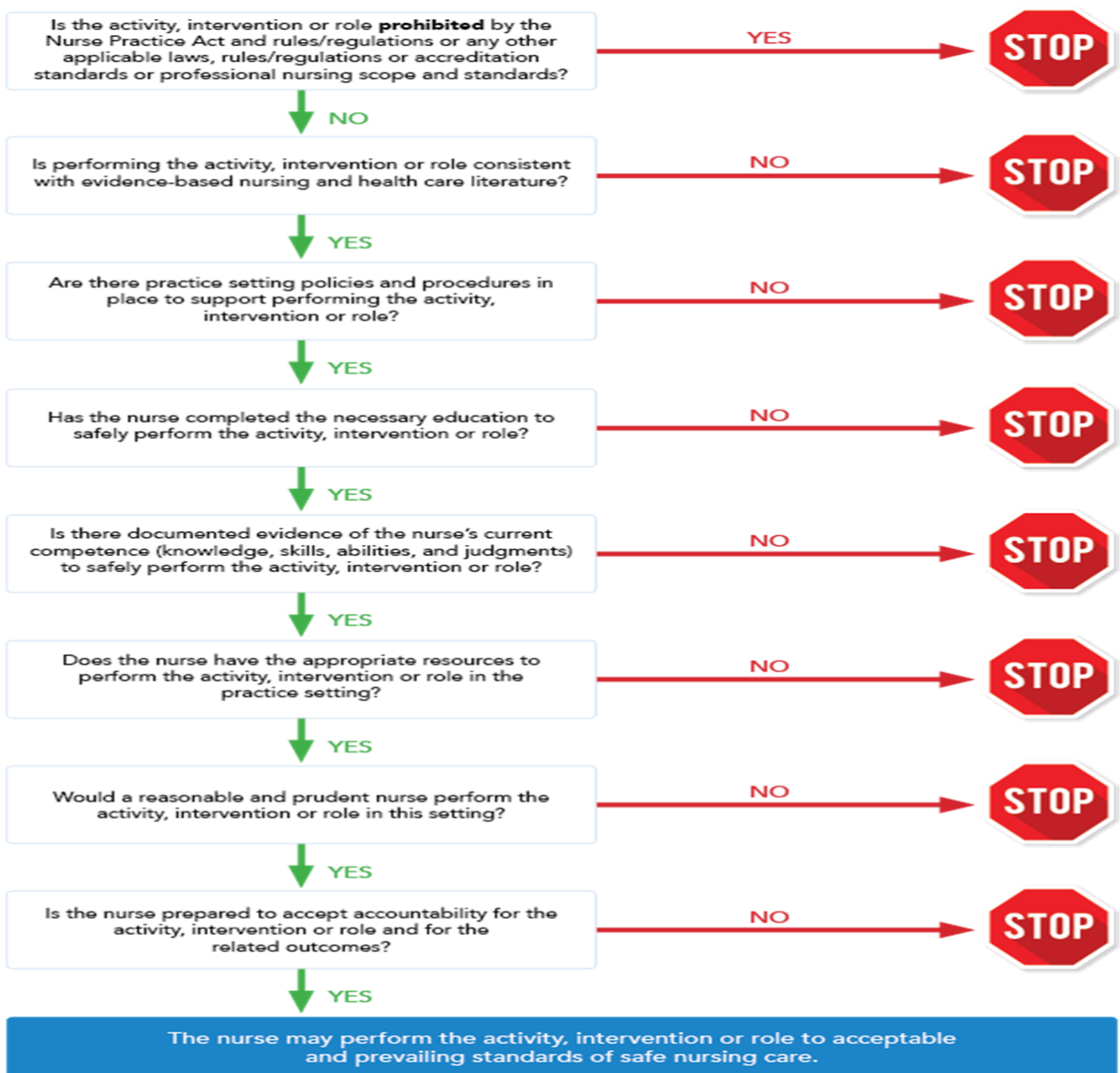
The Program Approval rules are an important aspect of the work of the Board to address the protection of the public's health and safety. The Board will continue to work with all levels of pre-licensure programs and faculty to communicate the changes in rule for practical and professional programs and to help advanced practice programs and faculty become familiar with the new rules related to this level of program. The rules in their entirety may be found at:

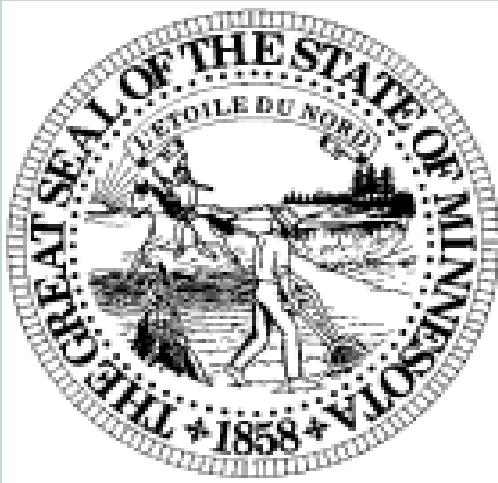
[https://www.revisor.leg.state.mn.us/rules/rule\\_document.php/AR-04284?id=AR-04284](https://www.revisor.leg.state.mn.us/rules/rule_document.php/AR-04284?id=AR-04284)

## Scope of Nursing Practice Decision-Making Framework

At the October 2016 meeting of the Minnesota Board of Nursing, the Board voted to adopt the *Scope of Nursing Practice Decision-Making Framework* to inform nurses and the public regarding whether specific activities, interventions, or roles are permitted under the nurse's level of education, licensure and competence within the scope of practice established by the Minnesota Nurse Practice Act. Representatives from the American Nurses Association, National League for Nursing, Boards of Nursing, and the National Council of State Boards of Nursing staff completed a methodical review of the literature and existing decision-making algorithms to develop the Framework. It was published in the October issue of the *Journal of Nursing Regulation*. The Board believes this will be an extremely useful tool and encourages nurses and organizations to evaluate use of the tool in their practice.

<https://www.ncsbn.org/decision-making-framework.htm>





### Minnesota Board of Nursing

Link to Board member profiles:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

How to become a Board member:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

## Minnesota Board of Nursing Members

Board Member Name	Board Role
Joann Brown	RN Member
Cindy DeJarlais	LPN Member
Sakeena Futrell	APRN Member
Jeanine Gangeness	RN Member
Becky Gladis	LPN Member
Deborah Haagenson	RN Member, Board President
Michelle Harker	Public Member
Bradley Haugen	RN Member
June McLachlan	RN Member
Robert Muster	RN Member
Christine Norton	Public Member
Jan Rainey	Public Member
Christine Renne	Public Member
Sheila Robley	LPN Member
Steven Strand	RN Member
Eric Thompson	LPN Member

## APRN News: Mandatory Registration With The Prescription Monitoring Program

The following statutory amendment to the Minnesota Prescription Monitoring Program (PMP) became effective on August 1, 2016 and **applies to all Minnesota licensed APRNs practicing in Minnesota and who hold DEA registration**. Specifically, Minnesota Statutes 2016, section 152.126, subdivision 6(c) states:

By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted a prescriber, pharmacist, or their delegate during the registration application process, other than their name, license number, and license type, is classified as private pursuant to section 13.02, subdivision 12.

The name on the APRN license and DEA registration must match, and if they do not the PMP application will be denied. If the name on the APRN license and DEA number are not the same, please contact the Board of Nursing. Please note this requirement applies to APRNs who are practicing within the state of Minnesota.

To register for a PMP account by following this link: <http://pmp.pharmacy.state.mn.us/pmp-user-registration-and-resources.html>. Please remember to use your RN license number when applying, ensuring you add the hyphen between the last two digits of the license number.